WORKPLACE MONITORING PLAN									
WORKPLACE INFORMATION									
Organization:			NE COLOR						
Shop or Work Center:									
Location:									
Supervisor:		Phone:	Phone:						
No. of Workers:	Male:		Female:						
Shop Operations:			1						
Potential Hazard	Intermittent or Continuous	li .	Workers Involved	Controls					
	EVPOCUE	ACCECCA	FAIT						
Are employees potentially e	EXPOSURE A			es No					
If no, provide rationale:									
Signed:									
Title:									

MONITORING PLAN								
Potential Hazard	No. of Measurements	Method of Measurement ¹	Location of Measurement ²	Frequency (per year)	Man-Hours (Per Year)			
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Use the following codes:

DR - Direct reading instrument

IT - Indicator tube

AT - Adsorption tube (charcoal, silica gel, etc.)

B/I - Bubbler/Impinger

F - Filter PD - Personal Dosimeter

O - Other

² Use the following codes:

GA - General area

BZ - Breathing zone of personnel

SZ - Source zone

O - Other (specify)